

INCIDENT COMMAND SYSTEM
MULTI-CASUALTY

TRIAGE UNIT LEADER

I-MC-337

June, 1990
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COURSE OUTLINE

COURSE TITLE: I-MC-337 Triage Unit Leader

Time: 4 Hours

COURSE OBJECTIVES:

1. Explain to trainees the role of the Triage Unit.
 2. Explain to trainees the staffing and organization of the Triage Unit.
 3. Specify for trainees the responsibilities of the Triage Unit Leader.
 4. Specify for trainees the responsibilities of the Triage Team personnel.
 5. Specify for trainees the responsibilities of the Morgue Manager.
 6. Explain to trainees the procedure for Triage Unit demobilization.
 7. Provide an opportunity for trainees to practice through role-play.
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COURSE CONTENT:

Unit 1: Introduction to I-MC-337 Triage Unit Leader	30 Minutes
Unit 2: Staffing and Organization	30 Minutes
Unit 3: Responsibilities of the Triage Unit Leader	1 Hour
Unit 4: Responsibilities of Triage Personnel	1 Hour
Unit 5: Responsibilities of the Morgue Manager	30 Minutes
Unit 6: Demobilization of the Triage Unit	30 Minutes
Unit 7: Group Exercises (position role-play)	8 Hours

UNIT 1: LESSON PLAN

TOPIC: Introduction to I-MC-337 Triage Unit Leader

LEVEL: 1

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam.
- Performance: Each trainee will be able to identify the organizational structure and general goals of the Triage Unit Leader position.
- Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Whenever a major incident occurs, confusion and the size of the event may hamper the efforts of those trying to organize the rescue teams. It is essential that you assume a leadership role, and quickly begin functioning in an organized manner in order to effectively sort the victims into priority categories for treatment.

UNIT 1: Introduction to I-MC-337 Triage Unit Leader

Presentation	Application
Introduction of trainees and instructors	
Administrative details:	
<ol style="list-style-type: none">1. Parking2. Class rules3. Facilities4. Meals5. Telephones6. Other information	
01-01-I-MC-337-VG 01-01-I-MC-337-HO	Where does the Triage Unit Leader fit into the ICS organizational structure?
A function of the Operations Section, Multi-Casualty Branch, Medical Group/Division (if designated).	
To manage the triage and movement of patients from the triage area to the treatment areas, and to supervise the Morgue Manager.	What is the role of the Triage Unit Leader?
There are more patients than rescuers, so we must sort patients into groups based upon chances for survival.	Why must we triage patients?
We must maximize the benefit to be derived from limited medical resources.	What is the goal of triage?
FIRESCOPE endorses the use of the S.T.A.R.T. system.	What system has ICS adopted for triage?

Presentation

To identify those who will survive, but only if treated immediately.

Until the adoption of S.T.A.R.T. by all local EMS agencies, some areas may require the use of local protocols for triage.

Instructor Note: If S.T.A.R.T. is not used in this locale, then consider the need to provide S.T.A.R.T. training.

The Triage and Treatment Units both report to the Medical Group/Division Supervisor. The Triage Unit sorts patients and distributes them to each of the three Treatment Units.

The Morgue Manager reports to the Triage Unit Leader.

Application

What is the objective of S.T.A.R.T.?

Is S.T.A.R.T. used everywhere?

What relationship exists between the Triage and Treatment Units?

What is the relationship of the Triage Unit to the Morgue?

SUMMARY: We have just reviewed the organizational structure of the Multi-Casualty Branch. The Triage Unit Leader supervises the Triage Teams and the Morgue Manager, and reports to the Medical Group/Division Supervisor.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals and notes.

UNIT 2: LESSON PLAN

TOPIC: Staffing and Organizing the Triage Unit

LEVEL: 1

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam.
- Performance: Each trainee will be able to determine the staffing and organizational requirements of the Triage Unit based upon the size and complexity of the incident.
- Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

The Medical Group/Division Supervisor must make decisions about organization and staffing based upon the number of victims and/or complexity of the incident as well as the resources available. The needs of the Triage Unit Leader are an integral part of that decision.

In this class we will study the organizational requirements of the Triage Unit with its subordinate Triage Teams and Morgue Manager. Because triage is the first medical function to be performed by initial action units, it is essential that personnel resources be employed effectively.

UNIT 2: Staffing and Organizing the Triage Unit

PRESENTATION	APPLICATION
<p>02-01-I-MC-337-VG 02-01-I-MC-337-HO</p> <p>The Unit includes the Triage Unit Leader, the Triage Teams/Litter Bearers and the Morgue Manager.</p>	<p>What are the positions within the Triage Unit?</p>
<p>02-02-I-MC-337-VG 02-02-I-MC-337-HO</p> <p>There is one Triage Unit Leader, one Morgue Manager, and, if resources permit, there is one triage person for each ten patients and two litter bearers for each ten non-ambulatory patients.</p>	<p>What is the recommended staffing level for each function?</p>
<p>Under ideal conditions, each person should triage no more than ten patients before attention is turned to moving patients from the Triage area to the Treatment Units.</p>	<p>What is the rationale for this level of staffing?</p>
<p>Rapid evacuation requires that there be at least two litter-bearers per ten patients.</p> <p>Ideally a trained Triage Unit Leader is available. If not, appoint an EMT who is trained to use S.T.A.R.T.</p>	<p>Who may be appointed to be the Triage Unit Leader?</p>

PRESENTATION

APPLICATION

Firefighter/EMT's trained in S.T.A.R.T.

Once the Triage Teams have completed triage, they pair up to become litter bearers.

Any responsible firefighter, but the duties are largely security, so police officers, deputy coroners and health officials are better qualified.

Who may be appointed to the Triage Teams?

Who makes up the litter teams?

Who may be appointed to be the Morgue Manager?

SUMMARY: We have discussed the organizational relationships within the Triage Unit, and the qualifications of its personnel. The Triage Unit Leader supervises the triage personnel and the Morgue Manager.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals and notes.

UNIT 3: LESSON PLAN

TOPIC: Responsibilities of the Triage Unit Leader

LEVEL: 1

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam.
- Performance: Each trainee will be able to identify the duties and responsibilities of the Triage Unit Leader.
- Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

Your assignment is Triage Unit Leader. There are many patients who are pleading for help, and you have only a few initial action personnel to assist you. What are you going to do, and how?

This class will spell out your duties and the process for accomplishing them in an orderly and effective manner.

UNIT 3: Responsibilities of the Triage Unit Leader

PRESENTATION	APPLICATION
<p>1. Check in with the Incident Commander or Medical Group/Division Supervisor, and get a briefing (basic information and instructions). Obtain position kit (vest, tags, checklists).</p> <p>Instructor Note: Discuss the contents of the position kit, and where to obtain it (who carries the kits in this jurisdiction?).</p> <p>2. Acquire personnel through the Medical Group/ Division Supervisor, Triage Teams/ Litter Bearers, Morgue Manager and security personnel.</p> <p>3. Acquire medical equipment from Medical Supply Coordinator: dressings for control of severe hemorrhage, and litters or backboards.</p> <p>The Medical Supply Coordinator gets supplies from arriving engine companies and ambulances.</p>	<p>What should the Triage Unit Leader do to begin triage?</p> <p>How does he/she get people and equipment to begin the process?</p> <p>Where does the Medical Supply Coordinator get the supplies?</p>

PRESENTATION

APPLICATION

- 4. Assess hazards to decide location of Triage Area. Triage patients as found if safe, otherwise move to safe area. Acquire heavy rescue assets through Medical Group/Division Supervisor if extrication required.

Instructor Note: Talk about other hazards, and what to do if hazards prevent entry (ie, hazardous materials incidents).

- 5. Review S.T.A.R.T. with Triage Teams, and distribute triage tags.
 - a. instruct personnel to retain tag ends. Triage Unit Leader counts tags to advise Treatment Unit Leader of the number of patients in each triage category.
 - b. instruct personnel to affix tag to string and place around patient's neck.

- 6. Make specific area assignment to each team.
- 7. Consider the need for relief personnel if the incident is of extended duration, or rotate them to less stressful positions.
- 8. Each team is to report back to Triage Unit Leader when area assignment is complete.

Where should Triage be done?

At a large incident how can you be certain that all patients are located and triaged?

PRESENTATION

APPLICATION

- a. Triage Unit Leader advises Treatment Unit Leader of number of patients in each category based upon tag ends turned in by triage teams.
- 9. Once all are triaged, create litter teams. Number of personnel per team depends upon terrain and obstacles.
- 10. Learn location of Treatment Areas from Treatment Unit Leader. Brief litter bearers. Provide guides at building exits.
- 11. Consider the need for relief personnel.
- 12. Maintain security of Triage Area.
- 13. Update the Medical Group/Division Supervisor.
- 14. Establish the Morgue and assign a Manager until police or coroner arrives.
- 15. Maintain Unit log to record significant events.

When all are triaged, what happens?

SUMMARY:

We have discussed the specific duties of the Triage Unit Leader in detail. The Triage Unit Leader manages the triage teams and the Morgue Manager to be certain that all patients are tagged and moved to treatment areas, and that the deceased are protected.

EVALUATION:

Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT:

Review all handouts, trainee manuals and notes.

UNIT 4: LESSON PLAN

TOPIC: Responsibilities of Triage Personnel

LEVEL: 1

TIME: 1 Hour

BEHAVIORAL OBJECTIVES:

Given: Simulated role-play exercises and a written exam.

Performance: Each trainee will be able to identify the duties of the personnel assigned to the Triage Teams.

Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

You have been assigned to a Triage Team. Your task is to decide who will receive immediate treatment and who will not. How will you accomplish that?

This class will spell out your duties and the process for accomplishing them in an orderly and effective manner.

UNIT 4: Responsibilities of Triage Personnel

PRESENTATION	APPLICATION
<p>04-01-I-MC-337-HO 04-01-I-MC-337-VG 04-02-I-MC-337-HO 04-02-I-MC-337-VG</p> <ol style="list-style-type: none"> 1. You must review the principles of S.T.A.R.T. prior to beginning to triage. <ol style="list-style-type: none"> a. call out minor injuries and lead them to Minor Treatment Area b. classify dead, immediate and delayed patients <ol style="list-style-type: none"> 1. respiratory status 2. circulatory status 3. mental status 2. Conduct triage <ol style="list-style-type: none"> a. tag all but minor patients <ol style="list-style-type: none"> 1. ask Triage Unit Leader what to do with tag ends. b. perform only permitted aid <ol style="list-style-type: none"> 1. provide airway 2. control hemorrhage <p>Instructor Note: remind trainees about accepted precautions to protect against blood-borne disease.</p> <ol style="list-style-type: none"> c. assure that all patients in assigned area have been located and triaged. 	<p>How many of you are trained in the application of S.T.A.R.T.?</p>

PRESENTATION	APPLICATION
<ol style="list-style-type: none"> 3. Report back to Triage Unit Leader for next assignment. 4. If assigned as litter bearer, obtain litters and/or backboards from Medical Supply through Triage Unit Leader. 5. Form litter teams (number of personnel per team depends upon terrain. 6. Evacuate tagged patients to Treatment Areas in order of priority. 7. Use good lifting technique. <ol style="list-style-type: none"> a. fatigue breeds accidents b. know your limits 8. When complete, report to Triage Unit Leader for next assignment or relief. 	<p>Once all have been triaged what do you do?</p> <p>What does the litter team do?</p> <p>What precautions must be taken?</p>

SUMMARY: We have discussed the specific duties of the Triage Personnel in detail. Using S.T.A.R.T. or other local protocols for triage, they are to categorize and tag all but Minor patients, then move them to the treatment areas.

EVALUATION: Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT: Review all handouts, trainee manuals and notes.

UNIT 5: LESSON PLAN

TOPIC: Responsibilities of the Morgue Manager

LEVEL: 1

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam.
- Performance: Each trainee will be able to identify the duties of the Morgue Manager.
- Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

You have been assigned to be the Morgue Manager. Your task is to provide security and records for the deceased and their property when brought to the Morgue. How will you accomplish that?

This class will spell out your duties and the process for accomplishing them in an orderly and effective manner.

UNIT 5: Responsibilities of the Morgue Manager

PRESENTATION	APPLICATION
<p>05-01-I-MC-337-VG 05-01-I-MC-337-HO</p> <ol style="list-style-type: none"> 1. Maintain the security of the deceased and their property until responsibility is assumed by the police, coroner or health officials. 2. Decide or confirm Morgue location with Triage Unit Leader. <p>Consider weather, terrain, security, other active areas, i.e., Triage, Treatment, etc.</p> <ol style="list-style-type: none"> 3. Advise Medical Group/Division Supervisor of Morgue location. <p>Access should be limited to authorized personnel, ie, police, deputy coroners, health officials, and clergy.</p> <p>There is no universally recognized ID, so anyone claiming to be clergy should be escorted by security personnel at all times while in the Morgue Area.</p> <ol style="list-style-type: none"> 4. Maintain a careful log of all persons admitted to the area. 5. Obtain materials: body bags, visitor and deceased log sheets. 	<p>What are the duties of the Morgue Manager?</p> <p>What factors must be considered?</p> <p>Who should have access to the Morgue?</p> <p>How can clergy be identified?</p> <p>Do all deceased get moved to the Morgue?</p>

PRESENTATION	APPLICATION
<p>Do not move any deceased nor their property unless absolutely necessary to reach a live patient (document their original location).</p> <p>Those who die in a Treatment Area are moved to the Morgue Area.</p> <p>Obtain cold storage facilities (refrigerated trailers) from Medical Group/Division Supervisor for extended incidents.</p> <p>6. Maintain the morgue operation until transferred by the Medical Group/Division Supervisor to the police, coroner, etc.</p>	<p>How can the deceased best be stored?</p>

SUMMARY:

We have discussed the specific duties of the Morgue Manager in detail. The Morgue Manager must provide security for the deceased and their property until that responsibility is assumed by the Coroner's Office or other designated official.

EVALUATION:

Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT:

Review all handouts, trainee manuals and notes.

UNIT 6: LESSON PLAN

TOPIC: Demobilization of the Triage Unit

LEVEL: 1

TIME: 30 Minutes

BEHAVIORAL OBJECTIVES:

- Given: Simulated role-play exercises and a written exam.
- Performance: Each trainee will be able to identify the requirements for demobilization of the Triage Unit.
- Standard: By performance in role-play exercises in accordance with the standards described in the Multi-Casualty position manuals; and passing of a multiple-choice written exam with a minimum of 70% accuracy.

REFERENCES: ICS-MC-222-5 Position Manual

MATERIALS NEEDED: Handouts, chalkboard, flip chart, marker pens, overhead projector, viewgraphs

MOTIVATION/PREPARATION:

The Medical Group/Division Supervisor has ordered the Triage Unit to demobilize. How will you accomplish that?

This class will spell out your duties and the process for accomplishing them in an orderly and effective manner.

UNIT 6: Demobilization of the Triage Unit

PRESENTATION	APPLICATION
<p>Since theirs is the first task to be done, the Triage Unit may be the first finished.</p> <p>Triage personnel may be reassigned to Treatment or Transportation areas. Those persons who show signs of stress may not be given another assignment or a less stressful one.</p> <p>The Morgue Manager may report directly to the Medical Group/Division Supervisor.</p> <p>When all remains have been transported from the incident site.</p> <p>All documentation goes through the Medical Group/Division Supervisor to the Documentation Unit of the Plans Section. If possible retain copies of all documents, especially of the personnel access (visitor) log.</p>	<p>Which unit may be the first ordered to demobilize?</p> <p>What happens to Triage personnel when ordered to demobilize?</p> <p>When is the Morgue demobilized?</p> <p>Where do all records go?</p>

SUMMARY:

We have discussed the specific procedure for demobilization of the Triage Unit, organizational implications and the tasks involved. The Triage Unit, when demobilized, may provide assistance to other units after documentation has been forwarded to the Medical Group/Division Supervisor. The Morgue Manager may remain in place if not relieved by appropriate authority.

EVALUATION:

Each trainee will be required to demonstrate the ability to apply principles learned in role-play simulations. Each trainee will also pass a written, multiple-choice exam with a minimum of 70% accuracy at the end of the course.

ASSIGNMENT:

Review all handouts, trainee manuals and notes.

Triage Unit Leader I-MC-337
Unit Exam

For each of the following questions select the best answer based upon the information presented in this course:

1. The role of the Triage Unit Leader is to:
 - a. Manage the triage and movement of patients from the triage area to the treatment areas
 - b. Triage injured persons immediately upon arrival to expedite delivery of effective care
 - c. Accurately diagnose the injured to ensure that the most critical are treated first
 - d. Supervise triage and treatment operations to ensure maximal use of available medical resources

2. The goal of triage is to:
 - a. Provide care to the most critically injured patients first
 - b. Determine which patients need care based upon their diagnosis
 - c. Maximize the benefit to be derived from limited medical resources
 - d. Identify the most serious patients

3. S.T.A.R.T. is an acronym for:
 - a. Simple Triage and Rapid Treatment
 - b. Simple Treatment and Rapid Triage
 - c. Skilled Triage and Rapid Transport
 - d. Skilled Triage and Rapid Treatment

4. The S.T.A.R.T. system has been:
 - a. Adopted by all local EMS agencies statewide
 - b. Endorsed by FIRESCOPE
 - c. Approved by the American College of Emergency Physicians
 - d. Required by FIRESCOPE

5. The Triage Unit Leader reports to the:
 - a. Operations Chief
 - b. Multi-Casualty Branch Director
 - c. Medical Group/Division Supervisor
 - d. Patient Transportation Group Supervisor

6. The Morgue Manager reports to the:
 - a. Multi-Casualty Branch Director
 - b. Patient Transportation Group Supervisor
 - c. Triage Unit Leader
 - d. Medical Group/Division Supervisor

7. The Triage Unit Leader should be qualified as a:
 - a. Paramedic
 - b. ICS trained unit leader
 - c. Firefighter/EMT
 - d. Certified fire officer

8. Ideally Triage Team members should be qualified as:
 - a. Firefighter/EMT's
 - b. Paramedics
 - c. S.T.A.R.T.-trained EMT's
 - d. ICS-trained triage team members

9. Triage should be conducted:
 - a. anywhere convenient
 - b. uphill, upwind and upstream from the incident site
 - c. in a well-defined Triage area
 - d. where the patients are found, if safe

10. The recommended ratio of triage personnel to patients is:
 - a. 1:10
 - b. 2:10
 - c. 10:1
 - d. 1:20

11. Once all patients are triaged, the triage tag ends are:
 - a. Given to the Treatment Unit Leader
 - b. Given to the Triage Unit Leader
 - c. Recorded by tag number in the Recorder's Log Book
 - d. Kept by triage personnel to later prove which patients each triaged

12. After all patients have been triaged, triage team personnel will next:
 - a. Become litter bearers to move patients to Treatment Areas
 - b. Return to quarters
 - c. Carry patients to waiting ambulances
 - d. Set up the morgue to receive deceased remains

13. Which of the following triage criteria is NOT part of S.T.A.R.T. training?
 - a. Ventilations
 - b. Perfusion
 - c. Diagnosis
 - d. Mental status

14. Which of the following treatments is NOT part of S.T.A.R.T. training?
 - a. Provide airway
 - b. Check for breathing
 - c. Perform cardiac compressions
 - d. Control severe hemorrhage

15. The Morgue Manager must be qualified as a:
 - a. ICS-trained unit leader
 - b. Firefighter/EMT
 - c. Deputy coroner
 - d. Public official (fire, police, coroner or health)

16. The primary duty of the Morgue Manager is to:
 - a. Identify the remains
 - b. Disseminate identification to the media
 - c. Secure the remains and property
 - d. Store remains in refrigerated vans to prevent decomposition

17. On what basis does the Triage Unit Leader provide a patient count by category to the Treatment Unit Leader?
 - a. Figures provided by triage personnel
 - b. Visual count of patients in Triage Area
 - c. Tag ends provided by triage personnel
 - d. Passenger manifests minus bodies in Morgue Area

18. What is the recommended ratio of litter bearers to patients?
 - a. 1:10
 - b. 2:10
 - c. 10:1
 - d. 1:20

Triage Unit Leader I-MC-337
Keyed Unit Exam

For each of the following questions select the best answer based upon the information presented in this course:

1. The role of the Triage Unit Leader is to:
 - a. Manage the triage and movement of patients from the triage area to the treatment areas**
 - b. Triage injured persons immediately upon arrival to expedite delivery of effective care
 - c. Accurately diagnose the injured to ensure that the most critical are treated first
 - d. Supervise triage and treatment operations to ensure maximal use of available medical resources

2. The goal of triage is to:
 - a. Provide care to the most critically injured patients first
 - b. Determine which patients need care based upon their diagnosis
 - c. Maximize the benefit to be derived from limited medical resources
 - d. Identify the most serious patients**

3. S.T.A.R.T. is an acronym for:
 - a. Simple Triage and Rapid Treatment**
 - b. Simple Treatment and Rapid Triage
 - c. Skilled Triage and Rapid Transport
 - d. Skilled Triage and Rapid Treatment

4. The S.T.A.R.T. system has been:
 - a. Adopted by all local EMS agencies statewide
 - b. Endorsed by FIRESCOPE**
 - c. Approved by the American College of Emergency Physicians
 - d. Required by FIRESCOPE

5. The Triage Unit Leader reports to the:
 - a. Operations Chief
 - b. Multi-Casualty Branch Director
 - c. Medical Group/Division Supervisor**
 - d. Patient Transportation Group Supervisor

6. The Morgue Manager reports to the:
 - a. Multi-Casualty Branch Director
 - b. Patient Transportation Group Supervisor
 - c. Triage Unit Leader**
 - d. Medical Group/Division Supervisor

7. The Triage Unit Leader should be qualified as a:
 - a. Paramedic
 - b. ICS trained unit leader**
 - c. Firefighter/EMT
 - d. Certified fire officer

8. Ideally Triage Team members should be qualified as:
 - a. Firefighter/EMT's
 - b. Paramedics
 - c. S.T.A.R.T.-trained EMT's**
 - d. ICS-trained triage team members

9. Triage should be conducted:
 - a. Anywhere convenient
 - b. Uphill, upwind and upstream from the incident site
 - c. In a well-defined Triage area
 - d. Where the patients are found, if safe**

10. The recommended ratio of triage personnel to patients is:
- a. **1:10**
 - b. 2:10
 - c. 10:1
 - d. 1:20
11. Once all patients are triaged, the triage tag ends are:
- a. Given to the Treatment Unit Leader
 - b. **Given to the Triage Unit Leader**
 - c. Recorded by tag number in the Recorder's Log Book
 - d. Kept by triage personnel to later prove which patients each triaged
12. After all patients have been triaged, triage team personnel will next:
- a. **Become litter bearers to move patients to Treatment Areas**
 - b. Return to quarters
 - c. Carry patients to waiting ambulances
 - d. Set up the morgue to receive deceased remains
13. Which of the following triage criteria is NOT part of S.T.A.R.T. training?
- a. Ventilations
 - b. Perfusion
 - c. **Diagnosis**
 - d. Mental status
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- a. Provide airway
 - b. Check for breathing
 - c. **Perform cardiac compressions**
 - d. Control severe hemorrhage

15. The Morgue Manager must be qualified as a:
 - a. ICS-trained unit leader
 - b. Firefighter/EMT
 - c. Deputy coroner
 - d. **Public official (fire, police, coroner or health)**

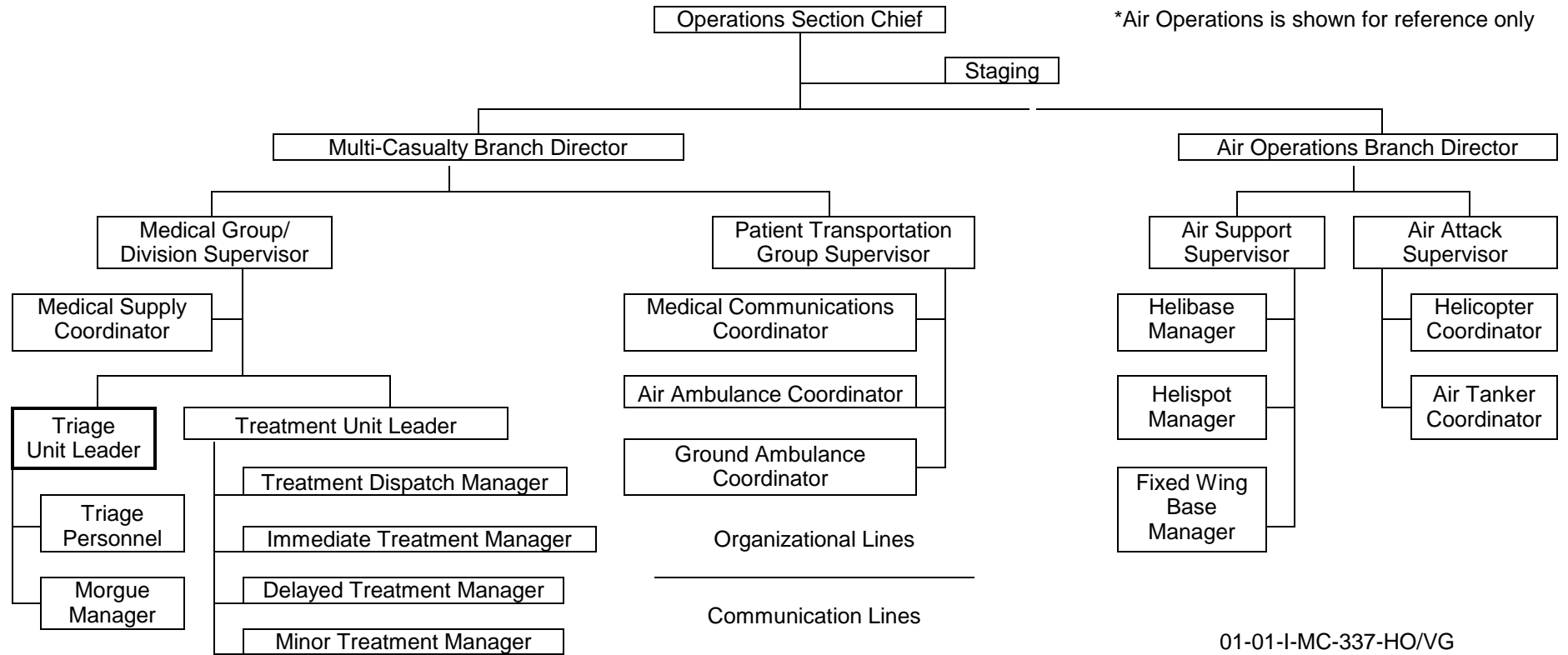
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 - a. Identify the remains
 - b. Disseminate identification to the media
 - c. **Secure the remains and property**
 - d. Store remains in refrigerated vans to prevent decomposition

17. On what basis does the Triage Unit Leader provide a patient count by category to the Treatment Unit Leader?
 - a. Figures provided by triage personnel
 - b. Visual count of patients in Triage Area
 - c. **Tag ends provided by triage personnel**
 - d. Passenger manifests minus bodies in Morgue Area

18. What is the recommended ratio of litter bearers to patients?
 - a. 1:10
 - b. **2:10**
 - c. 10:1
 - d. 1:20

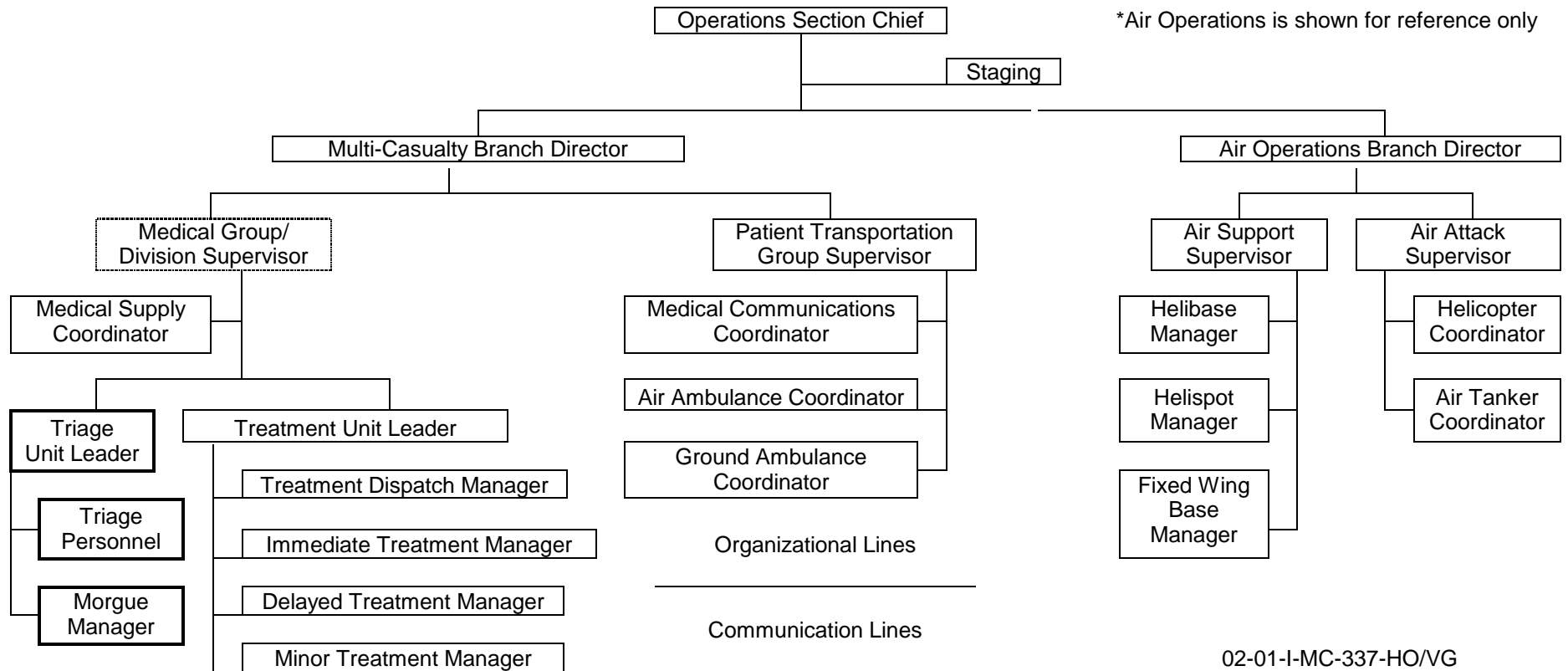
APPENDIX A
HANDOUTS AND VIEWGRAPHS

INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL



INCIDENT COMMAND ORGANIZATIONAL CHART FOR A MULTI-CASUALTY BRANCH FULL BRANCH RESPONSE LEVEL

*Air Operations is shown for reference only



PERSONNEL: The number of personnel needed to perform the major responsibilities assigned to the unit varies based on the Triage Unit Leader's requirements and the size and complexity of the incident. Personnel recommended for initial Triage is presented in Table 2-1. Triage Personnel are all located in the area of responsibility assigned to the Triage Unit.

<p>Table 2-1 Triage Unit Minimum Recommended Personnel Requirements per Medical Group/Division</p>
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UNIT POSITION	NUMBER OF PERSONNEL RECOMMENDED
Triage Unit Leader	1
Triage Personnel	1 for every 10 patients
Litter Bearers	2 for every 10 non-ambulatory patients
Morgue Manager	1

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RECOMMENDED TRIAGE PRINCIPLES

FIRESCOPE RECOGNIZES THE ADOPTION OF THE S.T.A.R.T. PROGRAM FOR TRIAGE BY THE CALIFORNIA FIRE CHEIFS ASSOCIATION

There are several principles that must be learned to effectively triage and deliver disaster style medicine. The objective of triage is to accomplish the greatest medical good for the greatest number of patients.

A primary goal of triage is to select the patients in greatest need of urgent care. It is recognized that triage in a mass-casualty situation offers little time or resources for doing CPR, taking blood pressures, or even counting pulse rates. However, minimal intervention to stabilize the airway or to control hemorrhage is done at the same time as the initial triage.

The S.T.A.R.T. plan allows the first responders to triage patients in sixty (60) seconds or less, depending on three simple observations. These physical assessments are: ventilation, perfusion, and mental status. The S.T.A.R.T. plan does not attempt to make diagnoses.

Triage Personnel must tag ALL patients. IT IS A TIME CONSUMING AND OFTEN FATAL MISTAKE TO TRIAGE IN THE FIELD WITHOUT TAGGING A PATIENT. Patients are tagged so that rescuers arriving later can immediately turn their attention to the patients most in need. A Triage Tag has been adopted by the California Fire Chiefs Association.

Triage Personnel must rate or place the injured into one of four categories:

1. Deceased (non-salvageable)
2. Immediate
3. Delayed
4. Minor

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Deceased: No ventilations present even after attempting to position the airway

Immediate: Ventilations present only after positioning the airway;

or respirations over 30 per minute,
or capillary refill takes over 2 seconds,
or patient fails to follow simple commands.

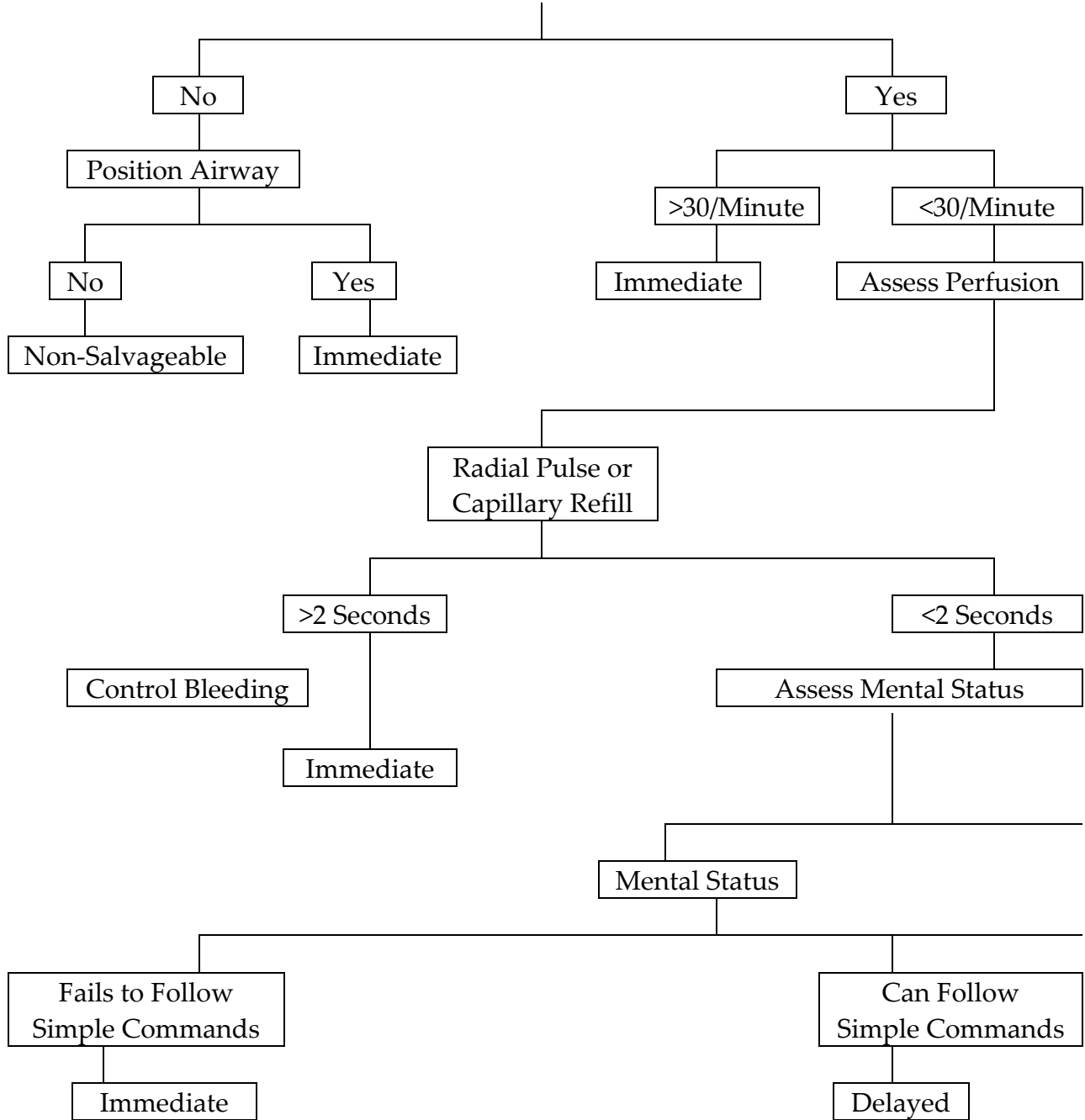
Delayed: Any patient who does not fit the Immediate Category, nor the Minor Category.

Minor: These patients are separated from the general group at the start of triage by ordering "any one who can walk" by an area assignment for the patients to walk to.

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S.T.A.R.T. FIELD GUIDE

VENTILATION



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MORTALITY MANAGEMENT GUIDELINES
WORKING GUIDELINES RECOMMENDED BY ADHOC CORONER'S
COMMITTEE DURING DISASTER OPERATIONS

In the event of a major disaster within the State of California, it may be several days before dead can be collected and processed by the Department of the Chief Medical Examiner-Coroner.

Therefore, the following guidelines have been prepared to aid local agencies in handling the dead until the Coroner can relieve those agencies of that responsibility.

Handling the Dead: When it becomes necessary to remove the dead from disaster sites because rescue work is in progress or the health and safety of the community is threatened, specific procedures must be followed:

1. Do not remove any personal effects from the body at any time. Personal effects must remain with the body at all times.
2. Attach tag or label to the body with the following information:
 - Date and time found
 - Exact location where found, including floor/room number, etc.
 - Name/address of decedent, if known.
 - If identified, how, when, and by whom.
 - Name/phone of person filling out tag.
 - If the body is contaminated, so state with type of contamination.
3. Place each body in a separate disaster pouch or in plastic sheeting and tie securely to prevent rewrapping. Securely attach a second tag with the same information stated in Item Number 2 to the outside of the sheeting or pouch.

4. If personal effects are found and thought to belong to a body, place them in a separate container and label as in Item Number 2. Do not assume any loose effects belong to a body and do not attach to the body, but store separately.
5. Move the properly tagged body with its personal effects to a convenient location, i.e., garage or other cool building, preferably one with refrigeration. In case of extreme heat or direct sunlight, move the body as soon as possible.

Note: Portable air-conditioning may be obtained or self-contained refrigerated van/trucks or rail cars can be used. Do not use a vehicle or storage area with floors that can become permeated with body fluids or other liquids.

6. Notify your local law enforcement agency of the location and, if known, the identity of the body. They, in turn, will notify the Coroner at which time the Coroner will estimate the time of arrival.
7. Keep insects and other animal life away from the body. Insect spray may be used as necessary.
8. The dead and their personal effects must be secured or safeguarded at all times until the arrival of the Coroner or the Coroner's authorized representative.